

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/803818		FILING DATE 03-13-01	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	✓						51		
2		✓					52		
3		✓					53		
4		✓					54		
5		✓					55		
6		✓					56		
7		✓					57		
8		✓					58		
9		✓					59		
10		✓					60		
11		✓					61		
12		✓					62		
13		✓					63		
14		✓					64		
15	✓	✓					65		
16		✓					66		
17		✓					67		
18		✓					68		
19		✓					69		
20		✓					70		
21	✓	✓					71		
22		✓					72		
23		✓					73		
24		✓					74		
25		✓					75		
26		✓					76		
27		✓					77		
28	✓	✓					78		
29		✓					79		
30		✓					80		
31		✓					81		
32	✓	✓					82		
33	✓	✓					83		
34	✓	✓					84		
35		✓					85		
36	✓	✓					86		
37	✓	✓					87		
38		✓					88		
39		✓					89		
40		✓					90		
41		✓					91		
42		✓					92		
43		✓					93		
44		✓					94		
45		✓					95		
46		✓					96		
47	✓	✓					97		
48							98		
49							99		
50							100		
TOTAL IND.	10						TOTAL IND.		
TOTAL DEP.	37						TOTAL DEP.		
TOTAL CLAIMS	47						TOTAL CLAIMS		